

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>62499</u>		2 Serial/Patent # <u>09294689</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>380</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>380</u>								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> </tr> </table>		5	0	--	0	8	5	6
5	0	--	0	8	5	6				
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
<u>Small Entity Status must be submitted</u>										
11 REFUND REQUESTED BY: <u>E. N. ...</u>										
TYPED/PRINTED NAME: <u>E. N. ...</u>		TITLE: <u>VICE</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 9483</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: